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10/535,243	12/20/2005 RULE	514	1618	MARGI-0044

**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/IB03/05222 11/19/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 ITALY MI2002A002447 11/19/2002

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*** **\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> BRAZIL	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 1
Verified and /NISSA M WESTERBERG/ Acknowledged	Examiner's Signature	Initials				

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**TITLE**  
 Hydroxypyridinones for the local treatment of skin microcirculatory disorders

<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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